

Sac and Fox Nation

920883 S. Highway 99 - Stroud, Oklahoma 74079

Adult Vocational Training (AVT) Application

New () Renewal ()

APPLICATION REQUEST 20__ -- 20__

All information requested is voluntary, however, failure to fully complete all applicable parts may result in delays of processing this application or make it possible to process at all.

Name: _____ SSN: _____

Address: _____

Telephone: _____ DOB: _____ Sex: _____

Marital Status: Single () Married () Divorced () Other () Veteran: Yes () No ()

Tribal Affiliation: _____ Enrollment Number: _____

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College _____

Academic Year ☐ Fall Only ☐ Spring Only ☐ Full - Time ☐ Have you ever
received Tribal or BIA education assistance before? Yes ☐ No ☐ If yes, give dates and schools
attended: _____

What type of training are you interested in? _____

Name and address of School: _____

Do you own a car? Yes ☐ No ☐ Do you have any major indebtedness? Yes ☐ No ☐ If yes, please explain:

What is your present source of income? _____

WORK EXPERIENCE: Please list your three (3) most recent jobs:

Employers Name and Address _____

How long have you worked here _____

Employers Name and Address: _____

How long have you worked here _____

Employers Name and Address _____

How long have you worked here _____

Applicant: Please read carefully and sign below:

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to submit a copy of my grades, attendance records and progress reports into the Sac and Fox Nation Adult Education Office. I have received a copy of the Adult Vocational Training Guidelines and questions pertaining to the program have been answered to my satisfaction. I understand that I must comply with all requirements to the program in order to receive continued funding by the Sac and Fox Nation.

Signature

Date

Adult Education Department
920883 S. Highway 99
Stroud, Oklahoma 74079
Phone: (918)-968-0509
Fax: (918) 968-0542

I hereby authorize the office of admissions and records to release the information indicated below to the office of Higher Education of the Sac and Fox Nation for the term or terms indicated:

Fall / Spring Semester - 20____20____

- _____ Complete College Transcript
 - _____ Hours enrolled / class schedule
 - _____ Mid-term grades
 - _____ Mid-term withdrawals
 - _____ Final Grades
 - _____ End of term absences
 - _____ End of term withdrawals
 - _____ Other (Specific information released):
-

Date

Signature of Student

Social Security Number

FINANCIAL NEEDS ANALYSIS FORM

Student Information (Please Print):

Name

Date of Birth

Sex

Address

City/State

Zip Code

Social Security Number

Tribal Affiliation

Telephone Number

Marital Status:

Spouse's Name

Occupation:

Number of Children & Ages:

Name of Indian Parent(s) – Include Tribal Affiliation:

FINANCIAL STATUS INFORMATION TO BE COMPLETED BY FINANCIAL AID OFFICER

Academic Year:

Approved Student Budget		
Length of training Time: Yrs. ____	Months: ____	Semesters: ____
FINANCIAL SCHOOL EXPENSES	STUDENT RESOURCES	AWARDS
Tuition \$	Family Contribution \$	Pell \$
Fees \$	Student Contribution \$	SEOG \$
Books \$	Veteran's Benefits \$	W.S. \$
Supplies \$	Social Security \$	NDSL \$
Room/Board \$	Vocational Rehab. \$	GSL
Dep. Allowance \$	A.F.D.C. \$	Tuition Waiver \$
Miscellaneous \$	Fellowships \$	State Tuition \$
Other \$	HIS Grants \$	Other \$
Itemized Misc. & Other Expenses	State Ind. Grants	
	Other (list) \$	
Total Exp.	Total Resources	Total Award \$

Total Expense (-) Total Resource = \$ _____ Total Financial Need

Total Financial Need (-) Total Award = \$ _____ Total UNMET Need

I certify that this student aid package is consistent in type and amount with packages prepared for students in similar circumstances who are not eligible for BIA educational grants.

Signature of Financial Aid Officer

Name of Institution

Name of Financial Aid Officer – Please Print

Address

Telephone Number

City/State/Zip

Please send completed form to: Sac and Fox Nation Adult Education Program, 920883 S. Highway 99, Stroud, Oklahoma 74079.

Appvd. Rev. by B.C. 04/23/10